

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>VOCES DE LA FRONTERA ACTION</b>			3. FEC Identification Number <b>C</b> C90011826
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1027 S. 5TH STREET			
(c) City, State and ZIP Code MILWAUKEE WI 53204			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report ☒ 24-Hour Report  
☐ October 15 Quarterly Report ☐ 48-Hour Report  
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM	M M	/	D D	/	Y Y Y Y Y Y
THROUGH	M M	/	D D	/	Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS.....	175.06
7. TOTAL INDEPENDENT EXPENDITURES .....	6504.54

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

FLORES, NANCY, NATALY, ,

FLORES, NANCY, NATALY, ,

10/29/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

FEC Schedule 5 (Rev. 09/2013)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 9  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee

GARCIA, AISHA, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 28 / 2016

Mailing Address 310 DESPLAIN RD

Amount

City State Zip Code  
DEPERE WI 54115Amount  
142.50

Transaction ID : F57.000001

Purpose of Expenditure  
CANVASSER GREEN BAYCategory/  
Type 001Office Sought: ☐ House State: WI  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
CLINTON, HILLARY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

LOZANO, ANDREA, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 28 / 2016

Mailing Address N1974 COUNTY RD H

Amount

City State Zip Code  
LAKE GENEVA WI 53147Amount  
33.00

Transaction ID : F57.000002

Purpose of Expenditure  
CANVASSERCategory/  
Type 001Office Sought: ☐ House State: WI  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
CLINTON, HILLARY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

RAMIREZ, BETHANIA, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 28 / 2016

Mailing Address 3047 S. 8TH ST.

Amount

City State Zip Code  
MILWAUKEE WI 53215Amount  
46.13

Transaction ID : F57.000003

Purpose of Expenditure  
CANVASSERCategory/  
Type 001Office Sought: ☐ House State: WI  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
CLINTON, HILLARY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 221.63

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures.....▶  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 4 OF 9  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
VOCES DE LA FRONTERA ACTIONFull Name (Last, First, Middle Initial) of Payee  
HERNANDEZ, CRISTINA, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

Mailing Address 2524 W. MITCHELL ST.

Amount

City State Zip Code  
MILWAUKEE WI 53204

68.63

Transaction ID : F57.000004

Purpose of Expenditure  
CANVASSERCategory/  
Type 001Office Sought: ☐ House State: WI  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
CLINTON, HILLARY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
MONTERO, DENIS, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

Mailing Address 2209 W. OKLAHOMA AVE.

Amount

City State Zip Code  
MILWAUKEE WI 53215

75.00

Transaction ID : F57.000005

Purpose of Expenditure  
CANVASSERCategory/  
Type 001Office Sought: ☐ House State: WI  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
CLINTON, HILLARY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
PEREZ, ELIZABETH, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

Mailing Address 2419 S. 17TH ST.

Amount

City State Zip Code  
MILWAUKEE WI 53215

98.63

Transaction ID : F57.000006

Purpose of Expenditure  
CANVASSERCategory/  
Type 001Office Sought: ☐ House State: WI  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
CLINTON, HILLARY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 242.26

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures.....▶  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 5 OF 9  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee TRUJILLO, JORELY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 3711 W. HILDA PL		Amount 40.87	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000007
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

Full Name (Last, First, Middle Initial) of Payee VALADEZ, JUANA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2541 N. FARWELL AVE.		Amount 75.75	
City MILWAUKEE	State WI	Zip Code 53211	Transaction ID : F57.000008
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

Full Name (Last, First, Middle Initial) of Payee ROWELL-ORTIZ, LIVIA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2605 S. 6TH ST.		Amount 68.25	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000009
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	184.87
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 6 OF 9  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee ORNELAS, MARIA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2452 S 31ST ST.		Amount 54.75	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000010
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee ORTIZ, NAOMY MARY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 310 DESPLAINE RD		Amount 142.50	
City DEPERE	State WI	Zip Code 54115	Transaction ID : F57.000011
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

  

Full Name (Last, First, Middle Initial) of Payee PLASCENCIA, NURY, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 1116 S 33RD ST		Amount 127.50	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000012
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	324.75
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 7 OF 9  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
VOCES DE LA FRONTERA ACTIONFull Name (Last, First, Middle Initial) of Payee  
BARBERENA, OMAR, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

Mailing Address 3216A S. DELAWARE AVE

Amount

City State Zip Code  
MILWAUKEE WI 53207

259.04

Transaction ID : F57.000013

Purpose of Expenditure  
CANVASSERCategory/  
Type 001Office Sought: ☐ House State: WI  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
CLINTON, HILLARY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
HERNANDEZ, OSCAR, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

Mailing Address 3266 S. 12TH ST

Amount

City State Zip Code  
MILWAUKEE WI 53215

18.37

Transaction ID : F57.000014

Purpose of Expenditure  
CANVASSERCategory/  
Type 001Office Sought: ☐ House State: WI  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
CLINTON, HILLARY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
CAMARILLO, RUTH, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2016

Mailing Address 2853 S. 33RD ST

Amount

City State Zip Code  
MILWAUKEE WI 53215

108.37

Transaction ID : F57.000015

Purpose of Expenditure  
CANVASSERCategory/  
Type 001Office Sought: ☐ House State: WI  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
CLINTON, HILLARY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 385.78

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures.....▶  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 8 OF 9  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee HARVEY, SHANA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2194 SHOREWOOD DR		Amount 39.75	
City GRAFTON	State WI	Zip Code 53024	Transaction ID : F57.000016
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee CRUZ, WALESKA, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2201 W. SUNBURY CT		Amount 35.25	
City MILWAUKEE	State WI	Zip Code 53215	Transaction ID : F57.000017
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee SEGURA, MERCEDES, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 8016 W. SCRANTON PL		Amount 50.25	
City MILWAUKEE	State WI	Zip Code 53218	Transaction ID : F57.000018
Purpose of Expenditure CANVASSER	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought .00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	125.25
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	



**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 9 OF 9  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
VOCES DE LA FRONTERA ACTIONFull Name (Last, First, Middle Initial) of Payee  
EL SOL BROADCASTING

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y  
10 / 28 / 2016

Mailing Address 611 W. NATIONAL AVE.

Amount

City State Zip Code  
MILWAUKEE WI 53204

2500.00

Transaction ID : F57.000019

Purpose of Expenditure  
SPANISH RADIO COMMERCIALS W/ CLINTON  
ENDORSEMENTCategory/  
Type 004Office Sought: ☐ House State: WI  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
CLINTON, HILLARY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
LA GRAN D 104.7 FM

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y  
10 / 28 / 2016

Mailing Address BUSTOS MEDIA

Amount

City State Zip Code  
WEST ALLIS WI 53214

2520.00

Transaction ID : F57.000020

Purpose of Expenditure  
SPANISH RADIO COMMERCIALS W/ CLINTON  
ENDORSEMENTCategory/  
Type 004Office Sought: ☐ House State: WI  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
CLINTON, HILLARY, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought

.00

Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... 5020.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... 0.00

(c) TOTAL Independent Expenditures..... 6504.54  
(carry total from last page forward to Line 7)